# FORM D



# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

#### FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

389535	_
OMB APPROVAL	
OMB Number: 3235-0076	
Expires: April 30, 2008	
Estimated average burden	
hours per response 16.00	
SEC USE ONLY	
Prefix Serial	
DATE RECEIVED	

Name of Offering [ ] (check if this	is an amendments and na	me has changed, and indica	ite change.)
Limited Liability Company Memb			
Filing Under (Check box(es) that app	oly): 🗌 Rule 504 🔲 R	ule 505 🛛 Rule 506 🗍	Section 4(6) ULOE
Type of Filing: New Filing	Amendment		
	A. BASIC IDE	NTIFICATION DATA	11
1. Enter the information requested	about the issuer		<u> </u>
Name of Issuer ( check if this is a	n amendment and name l	nas changed, and indicate c	hange.)
6600 Office Associates, LLC, a Del	aware limited liability of	company	
Address of Executive Offices	(Number and Street	, City, State, Zip Code)	Telephone Number (Including Area Code)
1000 Sansome Street, Suite 180	San Francisco, C	California 94111	(415) 951-0500
Address of Principal Business Operations	(Number and Street	, City, State, Zip Code)	Telephone Number (Including Area Code)
(if different from Executive Offices)			(415) 051 0500
			(415) 951-0500
Brief Description of Business Real	estate investment		
Type of Business Organization			
	ited partnership, already		(please specify):
☐ business trust ☐ lim	ited partnership, to be fo	rmed <u>Limi</u>	ted liability company
	PROCESSE	Month	Year
Actual or Estimated Date of Incorpo	ration		0 6 5
or Organization:			Actual Estimated
	FEB <b>1 3</b> 2007		
Jurisdiction of Incorporation	- 1 0 5001	•	Postal Service abbreviation
or Organization:			nada; FN for other foreign
	THOMSON	Jurisdiction)	D E
	FINANCIAL		

#### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required. A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the Federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

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# A. BASIC IDENTIFICATION DATA

- Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer,
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and

- Each general and m	ianaging pariner (	of partnership issuers.			
Check Box(es) that Apply:	☑ Promoter	⊠ Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Michael G. Halper Business or Residence Address	s (Number and St	reet, City, State, Zip Cod	e)		
1000 Sansome Street, S	uite 180. San	Francisco, Califor	nia 94111		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Lubert-Adler Real Esta	ate Fund V, L	л.Р.			
Business or Residence Address			e)		
2929 Arch Street, Suite	1650, Philad	elphia, Pennsylvan	ia 19104		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Address	s (Number and St	reet, City, State, Zip Cod	e)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)	-			Munuging Futtier
Business or Residence Address	(Number and St	reet, City, State, Zip Cod	e)		
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if)	individual)		<u>.                                    </u>		wanaguig raither
Business or Residence Address	s (Number and St	reet, City, State, Zip Code	e)		····
Check Box(es) that Apply:	Promoter	☐ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				Trianging runner
Business or Residence Address	(Number and St	reet, City, State, Zip Code	e)		, <u>, , , , , , , , , , , , , , , , , , </u>
Check Box(es) that Apply:	☐ Promoter	☐ Beneticial Owner	Executive Officer	Director	General and/or
		_			Managing Partner
Full Name (Last name first, if i	individual)			_	
Business or Residence Address	(Number and St	reet, City, State, Zip Code	e)		<u> </u>
	(Use blank she	et, or copy and use additi	onal conies of this sheet	as necessary \	
	COS SIGNING BILL	, or oop; will use addill	onar vopies of this silett.	no necessary.	

					_							
				В. 1	INFORMA	TION ABO	OUT OFFE	RING				
1	Hoo the ice	حم امامه حدید	dosa tha ia		بالموملية			4	t or. 1 .	0	Yes	No
1.	mas the iss	uer sold, or							~	Ţ?		$\boxtimes$
Answer also in Appendix, Column 2, if filing under ULOE.  2. What is the minimum investment that will be accepted from any individual?												
2.	What is the	minimum	investment	that will b	e accepte	d from any	/ individua	d?			\$ <u>N/A</u>	
					_						Yes	No
3.		ffering perm										$\boxtimes$
4.		nformation any commi										
		of securities										
	broker or o	ealer registe	ered with th	he SEC an	d/or with	a state or	states, list	the name of	of the brok	ter or		
		nore than fi						f such a b	roker or d	ealer,		
E. II		t forth the i				caler only.			<del></del>			
run	Name (Las	name first,	ii maiviau	iai) in/A	1							
Bus	iness or Res	idence Add	ress (Numb	er and Str	eet, City,	State, Zip	Code)					
			`		, ,							
Nan	ne of Assoc	ated Broker	or Dealer									
State	s in Which	Person List	ed Has Sol	icited or I	ntends to S	Solicit Pur	chacere					
(Che	ck "All Sta	tes" or chec	k individua	u States)							Ц	All States
[AL		[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL] [M]		[IA] [NV]	[KS] [NH]	[KY] [NJ]	[LA] [NM]	[ME] [NY]	[MD] [NC]	[MA] [ND]	[MI] [OH]	[MN] [OK]	[MS] [OR]	[MO] [PA]
[RI]		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
Full	Name (Las	name first,	if individu	al)							_ •	
Due-	nece or Res	idence Add	rece / Numb	er and Str	eet City	State 7in	Code)					
Dus	ilicas of Ites	idence Addi	icss (ivaliid	ct and 3th	cci, city,	State, Zip	Code					
Nan	e of Assoc	ated Broker	or Dealer									
												<b>-</b> :
State	es in Which	Person List	ed Has Sol	icited or li	ntends to S	Solicit Pur	chasers					
(Cho	ck "All Sta	tes" or chec	k individua	il States)								All States
[AL	] [AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
[IL]	[IN]	[lA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]
[M]		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]
[RI] Full		[SD] name first,	[TN] if individu	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]
	(225			,								
Bus	ness or Res	idence Addı	ress (Numb	er and Str	eet, City,	State, Zip	Code)		_			
			- n									_,•
Nan	ne of Associ	ated Broker	or Dealer									
State	es in Which	Person List	ed Has Sol	icited or I	ntends to S	Solicit Pur	chasers					
(Chr	ek "All Sta	tes" or chec	k indiviđua	l States)								All States
											_	
{AL [IL]		[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	(FL) (MI)	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT		[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	(OH)	[OK]	[OR]	[PA]
(RI)		[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[wvj	įwij	[WY]	[PR]

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box $\square$ and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	\$0-	\$0
	Equity	\$0-	\$0
	Common Preferred		
	Convertible Securities (including warrants)	\$ <u>-0-</u>	\$0-
	Partnership Interests		\$0-
	Other (Specify <u>LLC Member Interests</u> )	\$_1,550,000	\$_1,550,000
	Total		\$_1,550,000
	Answer also in Appendix, Column 3, if filing under ULOE.		<u> </u>
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		
	Accredited Investors	Number Investors 7	Aggregate Dollar Amount of Purchases \$ 1,550,000
	Non-accredited Investors		\$ -0-
	Total (for filings under Rule 504 only)		\$ N/A
	Answer also in Appendix, Column 4, if filing under ULOE.		<u> </u>
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C – Question 1.		
	Type of offering	Type of Security	Dollar Amount Sold
	Rule 505	N/A	\$_N/A
	Regulation A	N/A	\$_N/A
	Rule 504	N/A	\$_N/A
	Total	N/A	\$_N/A
4.	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		<b>\$</b>
	Printing and Engraving Costs		\$
	Legal Fees		\$ 10,000
	Accounting Fees	_	\$ 2,000
	Engineering Fees	<del></del>	\$
	Sales Commissions (specify finders' fees separately)	_	\$
	Other Expenses (identify)		\$
	Total		
	I Vidi	🛛	\$_12,000

	C. OFFERING PR	ICE, NUMBER OF INVESTORS, EXPE	NSES AND U	DSE OF PROCEEDS	S
	Question 1 and total expenses furnished	aggregate offering price given in response ed in response to Part C — Question 4.a. This issuer."	is difference		\$ 1,538,000
5.	used for each of the purposes shown. estimate and check the box to the left	sted gross proceeds to the issuer used or pro- If the amount for any purpose is not known of the estimate. The total of the payments he issuer set forth in response to Part C - C	n, furnish an s listed must		<u> </u>
				Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees			\$	\$
	Purchase of real estate			\$	\$ <u>1,538,000</u>
	Purchase, rental or leasing and in	nstallation of machinery and equipment		\$	\$
	Construction or leasing of plant	buildings and facilities		\$	\$
	Acquisition of other businesses (	(including the value of securities involved in	n this		
		xchange for the assets or securities of an	_	\$	\$
	Repayment of indebtedness			\$	\$
	Working capital			\$	\$
	Other (specify):			\$	\$
				\$	\$
	Column Totals		⊠	\$	\$ <u>1,538,000</u>
	Total Payments Listed (column t	otals added)		<b>⊠</b> \$_	1,538,000
		D. FEDERAL SIGNATURI	 E		
foll	owing signature constitutes an undertaki	be signed by the undersigned duly authoring by the issuer to furnish to the U.S. Secusuer to any non-accredited investor pursuant	rities and Ex-	change Commission,	ed under Rule 505, the upon written request of
Issı	ner (Print or Type)	Signature	D	Pate // /	
660	0 OFFICE ASSOCIATES, LLC	What stay		1/31/07	
Nai	ne of Signer (Print or Type)	Title of Signer (Print or Type)	<u> </u>		
Mic	chael G. Halper	Manager			
		ATTENTION			

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

		E. STATE SIGNATURE			
1.		230.252(c), (d), (e) or (f) presently subject to a		Yes	No ⊠
		See Appendix, Column 5, for state response	<b>3</b> .		
2.	The undersigned issuer hereby und Form D (17 CFR 239.500) at such to	lertakes to furnish to any state administrator of imes as required by state law.	f any state in which this notice	is filed, a	notice on
3.	The undersigned issuer hereby und issuer to offerees.	dertakes to furnish to the state administrators,	upon written request, informati	ion furnis	hed by the
4.	limited Offering Exemption (ULOI	that the issuer is familiar with the conditions t E) of the state in which this notice is filed and establishing that these conditions have been sat	understands that the issuer clair	itled to th ming the :	e Uniform availability
	er has read this notification and knowned duly authorized person	ows the contents to be true and has duly cau	ised this notice to be signed of	on its beh	alf by the
`	rint or Type) FICE ASSOCIATES, LLC	Signature	1/31/07	· , 8/44/8	
Name of	Signer (Print or Type)	Title of Signer (Print or Type)	, , , , , , , , , , , , , , , , , , ,		

Manager

#### Instruction:

Michael G. Halper

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

# APPENDIX

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	to non-a investor	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of in amount purch (Part C	Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)			
State	Yes	.No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
AL									ļ <u>.</u>
AK									ļ
AZ									ļ
AR		·	177						<u> </u>
CA		Х	LLC Interest \$162,500	5	\$162,500	0	<b>\$</b> 0		х
со									
СТ							,		
DE					<del></del>				<u>                                     </u>
DC									
FL									
GA									
HI									<u></u>
11)									
iL.									
IN									<u></u>
IA	 								
KS									
KY									
LA.									
ME									<u> </u>
MD									
MA			_						
МІ									
MN									
MS									
мо									
МТ									
NE									
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NH									
Ŋ									
NM									
NY									
NC									
ND									

# APPENDIX

1		2	3		4			5	
								1	dification
			Type of security					under State ULOE	
	Intend to sell and aggregate to non-accredited offering price				Type of in	vestor and		(if yes, attach	
		s in State	offering price offered in state			nased in State		explanation of waiver granted) (Part E-Item 1)	
		s in State i-Item 1)	(Part C-Item 1)		(Part C	-Item 2)			
State	Yes	No		Number of Accredited Investors	Amount	Number of Non- Accredited Investors	Amount	Yes	No
ОН									<u> </u>
ок							i		
OR									
PA		х	LLC Interest \$1,387,500	2	\$1,387,500	0	\$0		х
RI									
SC									
SD									
TN									
TX									
UT								<u> </u>	
VT		1							
VA				-		<u></u>			
WA	<u>-</u>								
wv									ļ
Wl									
WY									<del> </del>
PR				1					1

